

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000020117

1. Corporation Name
NORTHSIDE PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business
 691 DOUGLAS AVE
 STE 103
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address
 681 DOUGLAS AVE.
 SUITE #101
 ALTAMONTE SPRINGS FL 32714
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1994

4. FEI Number
59-3302401

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. **J**

2a. Mailing Address
 26 **681 Douglas Avenue**

27 **Suite 101**

23 City & State
 28 **Altamonte Springs, FL**

24 Zip
 25 Country
 29 **32714** 30 **SEMINOLE**

9. Name and Address of Current Registered Agent
GENTNER, ELLEN
681 DOUGLAS AVE.
SUITE #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	GENTNER, ELLEN L	
STREET ADDRESS	235 SHADY OAKS CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	
NAME	GENTNER, ROBERT N	
STREET ADDRESS	235 SHADY OAKS CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	
NAME	GUEST, THOMAS A	
STREET ADDRESS	288 BALD EAGLE RUN	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	
NAME	GUEST, LINDA C	
STREET ADDRESS	288 BALD EAGLE RUN	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen L Gentner 4/30/99 407-682-6330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)